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PTO/SB/30 (10-01)

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
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Application Number	09/410,511
Filing Date	9/30/99
First Named Inventor	Darrell Shively et al.
Art Unit	2142
Examiner Name	Blair, Douglas B.
Attorney Docket Number	CISCO-1372

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Miscellaneous	
Submission required under 37 C.F.R. 1.114	
a. <input type="checkbox"/> Previously submitted	
i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered).	
ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____	
iii. <input type="checkbox"/> Other	
b. <input type="checkbox"/> Enclosed	
i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other
2.	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)	
b. <input type="checkbox"/> Other	
3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1698	
i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)	
ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)	
iii. <input type="checkbox"/> Other	
b. <input checked="" type="checkbox"/> Check in the amount of \$ <u>770.00</u> enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	David B. Ritchie	Registration No. (Attorney/Agent)	31,562
Signature		Date	9-30-03

CERTIFICATE OF MAILING OR TRANSMISSION

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